ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 102

Registered No.

1. PLACE OF BIRTH

County Gila

District or Township San Carlos

City

State Arizona

or Village San Carlos

No. .... St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vivian Victor

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child female

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate? yes

7. Date of birth 11/1/27
Month Day Year

8. FATHER

Full name Leis Victor

9. Residence (Usual place of abode) San Carlos.
If non-resident, give place and state. Ariz.

10. Color or race 4/4 Indian

11. Age at last birthday 37 (Years)

12. Birthplace (city or place) San Carlos,
(State or country) Ariz.

13. Occupation
Nature of Industry Stockman

14. MOTHER

Full maiden name Flossie Dillon

15. Residence (Usual place of abode) San Carlos,
If non-resident, give place and state. Ariz

16. Color or race 4/4 Indian

17. Age at last birthday 32 (Years)

18. Birthplace (city or state) San Carlos,
(State or country) Ariz.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother.
(Taken as of time of birth of child herein certified and including this child).
{ (a) Born alive and now living 5
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive *9.A.
(Born alive or stillborn) at .... m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D.
(Physician or midwife).

Given name added from a supplemental report report

Month, day, year

Address San Carlos, Ariz.

Registrar.

Filed ...., 19 C.H.Sawyer
Registrar.

559-1101-645